



The WARRIOR



SAN JACINTO CHAPTER #343

Volume # 09 Issue # 5

May 30, 2009

BOARD OF DIRECTORS:

PRESIDENT: Wolf Biedenfeld..... VICE PRESIDENT: James Leonard..... SECRETARY: Bill Meeks, Jr.
TREASURER: Steve Jaffe... DIRECTORS: Chan Sharpe... Henry Rutledge... Carlos Uresti... Paul Washington

ARMY MARINES NAVY AIR FORCE COAST GUARD



MEMORIAL DAY ROLL CALL

ROBERT F. CONNALLY CAROL PACKARD LOUIS SIMPSON RICHARD WOLF

ALAN GERSON PAT PATTY THOMAS BRODIGAN JESSE LONGORIA

HAROLD ADKINS SHAN LIZOTTE MIKE LEE CS "KURT" HAER

TOMMY PROVANCE DONALD C. "CHICK" ROBESON MICHAEL GRAHAM

LOUANNA McKEAN MARSHA KATHY CRAWFORD CHARLOTTE ELLIS

ROBERT "BOB" HAGAN DENNIS HODGE GEORGE "BERNIE" OWENS

AS THE YEARS ROLL BY, SOME MEMORIES MAY FADE AND LIFE GOES ON,
BUT WE HAVE NOT FORGOTTEN OUR BROTHERS AND SISTERS....

Special Notice: If you are a veteran in emotional crisis and need help RIGHT NOW, call this toll-free number **1-800-273-8255**, available 24/7, and tell them you are a veteran. All calls are confidential.

The WARRIOR is published monthly by Vietnam Veterans of America San Jacinto Chapter No. 343, Inc. The content of this newsletter is solely the responsibility of the Editor. Opinions expressed are not necessarily those of the Chapter, its Officers, Directors, Membership or Vietnam Veterans of America, Inc. Address correspondence and changes of address to: VVA Chapter No. 343, C/O Editor Bill Meeks, Jr., P.O. Box 280358, Houston, TX 77228-0358

President's Corner.....The Prez



We have completed the events of Memorial Day. As usual, I was there and greeted those of you who came to share the tribute to our fallen comrades.

On the Veterans care and benefits front – the new Administration is attempting to grasp control and change direction to a more veteran responsive system. This is of special relief to individuals who need health care and those seeking compensation.

The Houston Medical Center has a new Medical Director and is waiting for a new Hospital Director. There is expansion of some of the clinics and there will be more emphasis on PTSD and Traumatic Brain Injury (TBI). The VA will, over the next few years, reflect a new emphasis on Veterans Health Care. Unfortunately, to fix the Claims system, there need to be Personnel “changes” that will, move and remove high level personnel at the various Regional Offices. We know which ones.

At the State level there is effort to provide tax breaks to veterans and to establish a Veterans’ Assistance Fund. Given the divisive nature of the politics in Texas, even helping Veterans pits Republicans versus Democrats. Stay up with your Legislators and tell them your Vote depends on their Vote – nothing like making it personal to remind them of priorities.

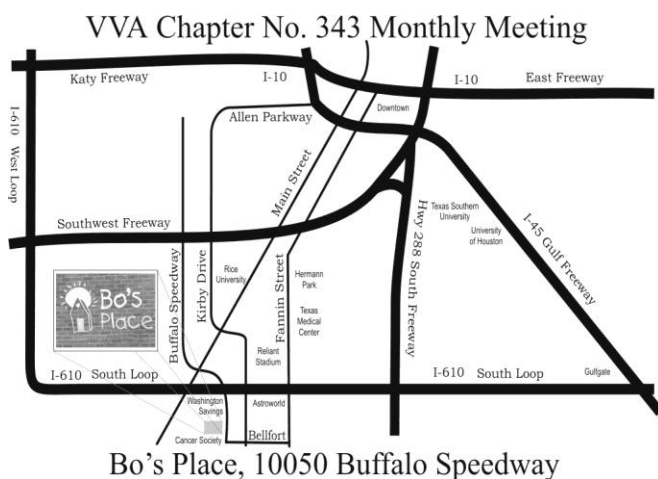
AND, even if you’ve got it ALL, **“Never again shall one generation of Veterans abandon another.”**
Drive on Brothers and Sisters, Drive on.



Recipients of the Connally Scholarship Grants.....

The Chapter # 343 Board of Directors on May 15, 2009 at the Chapter BOD meeting approved two (2) Connally Scholarship Grants and both students will receive \$500 towards their continuing educational endeavors. Lindsey Alyse Vaught and Alexandra Hall are both seniors at Caney Creek High School and they both live in the Conroe area.

**Get involved today... by attending the VVA Chapter No. 343's
June 12th meeting on Friday night, 7:30 PM at Bo's Place.....**



VA Accepting GI Bill Applications

Week of May 11, 2009 – military.com

The Department of Veterans Affairs announced that veterans can begin submitting applications online for the Post-9/11 GI Bill. Veterans will remain eligible for benefits for 15 years from their date of discharge, or release from active duty of at least 90 continuous days. Eligible applicants must have served for an aggregate period of at least 90 days since Sept. 10, 2001, or served at least 30 continuous days on active duty since Sept. 10, 2001, and received a discharge for disability. Prospective beneficiaries may apply online through the [GI Bill Website](#). Qualified Veterans will receive a "Certification of Eligibility as well as additional information regarding benefits they may qualify for under the Post-9/11 GI Bill, which will become effective on Aug. 1, 2009. Information about the new program and VA's other educational benefits can be obtained through www.GIBILL.VA.gov or by calling 1-888-GIBILL1 (1-888-442-4551).

New Board to Review Disability Decisions

Week of May 11, 2009

Servicemembers who have been medically separated since September 11, 2001 will have the opportunity to have their disability ratings reviewed to ensure fairness and accuracy. The new Physical Disability Board of Review (PDBR) will examine each applicant's medical separation, compare DoD and VA ratings, and make a recommendation to the respective Service Secretary (or designee.) A disability rating cannot be lowered and any change to the rating is effective on the date of final decision by the Service Secretary. To learn more, [read the full article](#) on Military.com.

VA to Review Treatment Charges

Week of May 18, 2009 – military.com

Following discoveries from an initial oversight request by Senate Veterans' Affairs Committee Chairman Daniel K. Akaka (D-HI), the Department of Veterans Affairs' (VA) Inspector General (IG) will conduct a national review to determine whether veterans are being inappropriately charged for treatment related to military sexual trauma (MST). Chairman Akaka requested a review of MST-related billing at the Austin VA outpatient clinic after receiving a letter from a veteran who discovered she was being inappropriately charged for her care. VA's investigation into that facility revealed that the clinic was, in fact, billing veterans inappropriately for MST-related

services and prescriptions. Under existing law, veterans are [entitled](#) to free VA treatment for conditions related to military sexual trauma. VA Inspector General George Opfer notified Akaka in a recent [letter](#) of his intent to conduct the review.

VA Needs Legislative Push to Inform Veterans of Health Issues Connected to Military Service

(WASHINGTON, D.C., May 19) – “Federal law stipulates that the Department of Veterans Affairs has a responsibility to inform veterans of the benefits they have earned by virtue of their service to our nation while in uniform,” said John Rowan, National President of Vietnam Veterans of America (VVA). “What is needed, however, is legislation to mandate that the VA inform veterans—and the healthcare community—of health issues associated with military service.”

In testimony today before the Subcommittee on Health of the House Committee on Veterans’ Affairs, Rowan said that the VA “does a woefully inadequate job of reaching out to veterans and their families to inform them of the benefits to which they are entitled” –certainly to the almost 80 percent of veterans who do not use the VA for their health care.

This state of affairs has led VVA, in concert with dozens of health advocacy organizations, healthcare firms, and others concerned about improving the health of our nation’s veterans, to create the Veterans Health Council. “By working together,” Rowan said, “we hope to reach out to veterans and their families to inform them about those diseases and other maladies that may derive from their time in service. We hope, too, to reach out to the wider healthcare community, to educate them about such health conditions.

“Through our website, www.veteranshealth.org, and the web sites and publications of our partners, we can reach hundreds of thousands of veterans who otherwise might not know that a disease that is plaguing them and eating away at their savings may be associated with their service in Vietnam, or Kuwait, or Iraq, or Afghanistan, and that they are eligible for treatment and may qualify for disability compensation and pension as well as other benefits from the VA.

“While we have every confidence that Secretary Shinseki and his team will endeavor to make far greater efforts at outreach, we believe that legislation is needed that would require the VA to devise a coordinated outreach plan attached to budget numbers,” Rowan said. “Such legislation, which would dovetail with the Obama Administration’s move to a national system of electronic medical records, would mandate that a veteran’s medical/health history be part of his/her treatment record, if a veteran uses VA facilities or chooses to go to private physicians; require that clinicians ask if a patient has ever served in the U.S. military and, if so, ask a series of follow-up questions; and require that all VA clinicians, particularly primary care providers, take and receive certification for the VA’s Veterans Health Initiative curriculum every three years.”

Other VA Centers Report Mistakes

Week of May 25, 2009

Department of Veterans Affairs (VA) officials have been warning thousands of former patients they may have been exposed to infection at three VA facilities, yet other VA patients are not being warned about less serious mistakes with the same equipment at more than a dozen other VA centers. However, VA chief patient safety officer Dr. Jim Bagian recently declined to identify those facilities saying those instances did not involve an

infection risk. For more information on the continuing endoscopic procedure notification of veterans, visit the [VA website](#).

Parliamentary stalemate continues in House

BY DAVE MONTGOMERY

dmontgomery@star-telegram.com

AUSTIN -- Scores of bills were in danger Saturday as House members remained in parliamentary gridlock from Democratic stalling tactics aimed at killing voter-identification legislation.

Leaders of veterans groups made a Memorial Day weekend pilgrimage to the State Capitol to protest the delay, saying it could imperil legislation to provide tax breaks to disabled veterans. The veterans sought to send a message to lawmakers to stop "this immature filibuster," said John Miterko, legislative liaison for a coalition of the state's 24 largest veterans organizations.

The stand-off stretched through its second day Saturday as Democrats continued to talk extensively on so-called local-and-consent bills that are usually passed routinely with little or no discussion. The practice is known as "chubbing," a parliamentary tactic to slow debate.

With nine days left in the 2009 Legislature, the slowdown raised questions over the fate of many major bills still in the legislative pipeline. High-profile bills awaiting action in the House include measures to:

- Overhaul the Texas Department of Insurance;
- Prop up a Gulf Coast windstorm insurance fund;
- Retool a 12-year-old requirement that the top 10 percent of high graduates are automatically admitted to state supported colleges and universities;
- Allow the state to get \$555 million in federal unemployment stimulus money that was rejected by Gov. Rick Perry.

Both chambers were in session on Saturday in the final march toward the Legislature's June 1 adjournment. As House members crawled through local-and-consent bills, the Senate worked through a robust agenda of mostly routine House bills.

The stalling tactic in the House prompted comparisons with earlier insurgencies, including out-of-state treks by a group of House Democrats in 2003 to prevent a quorum on Republican-led redistricting legislation. Also brought to mind was the 1997 "Memorial Day Massacre" by then-Rep. Arlene Wolgemuth, R-Burleson, who killed dozens of bills through a point of order in retaliation for the death of parental notification legislation.

Deploying a tie-up on the local-and-consent calendar was believed to be a first, according to long-time legislative insiders. Democrats began executing the strategy on Friday, acknowledging that the tactic was designed to prevent consideration of legislation that would toughen voter identification requirements at the ballot box.

Partisan tensions over the issue have simmered through the Legislature since lawmakers convened in mid-January. Republicans say their constituents are demanding strengthened ballot security to prevent voter fraud, but Democrats say it would disenfranchise poor, elderly and minority voters.

As the stalemate droned through its second day, members of both parties portrayed the other side as obstructionist and portrayed theirs as the responsible course. Republicans have seemingly taken the approach of letting the stalling tactic play itself out, resisting Democratic motions to take bills out of order.

With all Republicans voting against it, House members voted 74-70 on Saturday to reject a motion by House Democratic Leader Jim Dunning, D-Waco, that would have allowed an out-of-order vote on the windstorm insurance bill. Perry has sent strong signals that he will convene a special session if lawmakers fail to address the issue before the June 1 adjournment.

After the vote, Democrats circulated a press release saying that they were supporting Perry in wanting to bring the bill to a vote while members of the governor's party stood against him. But Republicans said they were acting properly in following the House calendar and said it was "chubbing" by the Democrats that was delaying action on important legislation.

Analysts predict both parties will likely attempt to use the issue in future House races, but said it was too early to say who will get the most political gain. "The public will decide whose point wins," said Bruce Buchanan, a political expert at the University of Texas at Austin.

But some voters displayed disgust over the tactics.

"I feel like I'm listening to kids on a playground," said Betty Flynn, 55, of Fort Worth, who identified herself as a registered Republican. "I'm out there working every day. They're wasting our money. I'm just tired of them playing games and we suffer."

Buchanan acknowledged that the legislators could sustain a public-relations black eye, saying that trust in government is "pretty low right now."

"This is mostly going to confirm the cynical or mistrustful sentiments that are already pretty entrenched right now," he said.

House Reviews Appeals Process

Week of May 25, 2009 – military.com

The House Veterans' Affairs Disability Assistance and Memorial Affairs Subcommittee recently conducted a hearing to continue its oversight of the Board of Veterans' Appeals (BVA), the Appeals Management Center (AMC), and the U.S. Court of Appeals for Veterans Claims (CAVC). The hearing focused on the efficiency and effectiveness of the agencies tasked with handling appeals filed by veterans pertaining to claims for benefits initiated at the Department of Veterans Affairs (VA). At the hearing, members heard the frustrations that veterans and survivors encounter waiting months and years on an appeal decision. Prepared testimony for the hearing and a link to the webcast from the hearing is [available online](#).

It's about the Warrior... Veterans of Modern Warfare

May 20, 2009.

Gulf War Illnesses Are Definable Illnesses

Gulf War illnesses are evident, definable, provable, factual, and recognized by the scientific community. That was the gist of the testimony during Tuesday's Congressional Oversight hearing – "Gulf War Research: Is Enough Being Done"? Wednesday's Air Force Times article on May 20, 2009, 1145 PDT, announced the opposite finding in its web headline "No unique Gulf War symptoms DoD says", but reverses itself in the body of the article. There is a cynical idea among certain press that people only read the headline. One Veteran compares this situation with the occasion in Bosnia when a major Washington newspaper arrived seeking a sensational story as to whether American female soldiers were getting pregnant to avoid Bosnian service. Then LTC Jim Yonts helped the soldier being interviewed make the correct case to the reporter: "America's soldiers are responsible, courageous and loyal. They will always choose the honorable course". After an hour of dueling, the reporter was convinced and wrote the article in such a way that showed respect to American Women Service Members, but the newspaper reversed the finding in the headline. America's Service Members were incensed at this cynical treatment of the truth. In like manner, Modern Veterans will be incensed at what appears to be a blatant attempt to deflect National attention to the true testimony during the hearing. DoD's representative did claim "No unique Gulf War Illness symptoms" and reversed himself during Congressional questioning.

The importance of this matter is seldom fully expressed. Researchers have found a clear set of unique Gulf War symptoms. Unique, that is, in the density of the population that suffers from those symptoms; unique in the intensity of those symptoms. What makes this important to everyone – simply everyone – is that America has not identified all the agents that have made our Veterans ill, thus America's Armed Forces are still at risk to these agents and these factors, and, in populations that are less dense, and less visible, are continuing to suffer, and will continue to suffer. American Will needs to overcome American Won't – Americans need to recognize what research has already proven. There is evidence and it is scientific, repeatable in the laboratory, provable, recognizable in nature of the symptoms, which are unique to the Gulf War.

For more information on VMW, to become a member, or schedule an interview, please contact comm@vmwusa.org or visit our website at www.VMWUSA.org.
Donald Overton
VMW National Executive Director

In Memory Plaque....

In April 2000, the U.S. Congress authorized the Vietnam Veterans Memorial Commemorative Plaque and the plaque is also known as the In Memory Plaque. It was added to the three-acre Memorial site on the National Mall. The plaque was intended to honor those Vietnam veterans who died after service in Vietnam, but as a direct result of that service, and whose names are not eligible for placement on the Memorial because of Department of Defense policies. The 24-inches tall by 36-inches wide plaque is a simple granite stone placed within the northeast corner of the Three Servicemen Statue Plaza. It was dedicated on November 10, 2004. The inscription reads: "In memory of the men and women who served in the Vietnam War and later died as a result of their service. We honor and remember their sacrifice."

Below is the current condition of the "In Memory Plaque" and the photo was taken this past Memorial Day on "The Mall." The chain restraint is the only thing that keeps people from stepping on the plaque and the inscription is almost unreadable even if you stand right over it. Call or send a response to your legislators about the sad conditions of the "In Memory Plaque" today.



Congressman wants to ban gambling machines on base, military says they aren't a problem....

By [Leo Shane III](#), Stars and Stripes

A soldier tries his luck at one of the slot machines Dec. 17 at the Striker's Bowling Center in Baumholder, Germany.



WASHINGTON — In just a few months, “Carol” dumped nearly \$21,000 into the slot machines at her Army base in Germany. She’s not really sure why. “The bowling alley was next door to where I worked; I started going in to eat lunch and started dropping a few coins in the machines,” said the senior noncommissioned officer, who asked that her full name not appear in print. “I won a few times; next thing you know, I was going to the bowling alley every day for lunch, and then after work.”

Carol believes she has a gambling problem, but is reluctant to seek counseling on base because she fears that her superiors may distrust or demote her if they learn about her mistakes. “I received a lump bonus payment of over \$30,000,” she said. “My plan was to pay off debts and be able to retire debt-free except for the mortgage payment. In less than four months, I had gone through the money with nothing to show for it.”

The price of gambling

Slots and video gambling at overseas bases brought in about \$185 million for Morale, Welfare and Recreation programs last year. But Tennessee Rep. Lincoln Davis believes that money comes at a higher price. Davis, a Democrat, is behind a new congressional push to ban gambling at overseas military bases because of what he feels is its inherently addictive nature. The Southern Baptist admits that he opposes gambling on moral grounds, but insists that’s not the issue behind his latest efforts.

“We’ve got research to show that 30,000 of our troops may be pathological gamblers, and we ought to be ashamed that we’re adding to that,” he said. “This isn’t about troops’ right to choose how they entertain themselves. It’s about the U.S. government endorsing gambling.” Military officials disagree, pointing to a 2001 Pentagon study which asserts that overseas gambling “does not have a negative effect on the morale or financial stability of our forces.” While the study acknowledged cases of individuals with gambling problems, the study showed no systemic problems with having slots on bases.

All stateside bases and those in U.S. territories Guam and Puerto Rico are banned from installing games of chance, but, combined, the four services operate more than 5,400 gambling machines at overseas military facilities. Service officials said profits collected represent a small but important portion of MWR funds, paying for things such as free Internet access, youth sports, and equipment purchases at local bases. It also covers costs of minor renovations and in some cases major construction of recreation facilities. But Davis said money for those

projects shouldn't come from "soldiers' wallets," noting the Defense Department's nearly \$700 billion budget for this year. "It's ludicrous that we're even talking about this," he said. "But I'm willing to work with the department to find that money, if that's all it takes."

Addiction or distraction?

Defense officials said money isn't the only issue. Officials from all four services boast safer gambling rooms than foreign gambling establishments, and higher payouts for players. The military slots maintain between 90 percent and 94 percent payouts. By contrast, Nevada rules mandate only a 75 percent payout; New Jersey regulations mandate at least an 80 percent payout. Quoting the 2001 study, Defense spokesman Lt. Col. Les' Melnyk said the goal of the machines is to "provide both a recreational opportunity to servicemembers and adult family members overseas and also a source of revenue to improve Morale, Welfare and Recreation programs worldwide."

He compared the slots parlors to video arcades, movie theaters, bowling alleys and other MWR options overseas and said officials work to make sure all the entertainment programs are run fairly and responsibly. Slots and games of chance were first made available at overseas military bases in the 1930s and 1940s, but were banned by the Army and Air Force in the early 1970s because of allegations of corruption and mismanagement. Less than a decade later, both services began pilot programs to see whether slots and the MWR funds they brought in could be reintroduced in Europe and the Far East.

Department of Defense health behavior studies in 1998, 2000 and 2002 all found between 5 percent and 9 percent of military personnel had experienced a gambling-related problem in their lifetime, and about 2 percent (about 30,000 of the total force at the time) fit the classification for pathological gambling problems. The Pentagon stopped tracking that statistic in its periodic health reviews after 2002, and the study conducted a year earlier by MWR officials found slot machines posed no significant threat to the force.

But John Kindt, a University of Illinois business professor who has studied the gambling industry and focused on the military in recent years, said that to compare watching a movie with risking one's paycheck on video poker is to minimize the danger of gambling. "We've seen civilian studies where populations with easy access to slot machines have nearly doubled the number of problem gamblers," he said. "The slots are easy and highly addictive." "If they got rid of the machines, there would still be some with serious problems who go off base or get involved in back-room poker games. But just having them there, you get some people addicted who never would have had a problem otherwise."

Looking for help

In a report to Congress a year ago, Kindt lobbied for banning all overseas gambling because the potential pitfalls outweighed the "minimal benefits" of entertainment and extra MWR funds. He said Defense officials have not done enough in recent years to ensure that addiction counselors and help programs like Gamblers Anonymous are available at bases with slots, and the absence of such services makes it easier for troops to slide from casual gambling to serious gambling problems. In the past two years, two Navy inpatient programs dealing with gambling addiction — one in California, one on Okinawa — were closed. But service officials said numerous resources are still available to troops or families who think they may have a problem.

David DuBois, family support programs deputy for Naval Installations Command, said all Navy family centers worldwide provide some treatment options or referrals on gambling issues. And commanders have the authority to refer servicemembers to counseling at any sign of financial misconduct.

Marine Corps officials said their anti-addiction efforts include financial training and debt management assistance for all servicemembers. Kenneth Pruitt, spokesman for Air Force Personnel Command, said along with the gambling counseling programs available at local bases, "we instill a culture of responsibility" among airmen to help them avoid addiction problems. Army officials declined requests to comment on their anti-addiction efforts.

Carol, the soldier who spent \$21,000 at the slots, said the ease of access to the gaming machines and the lack of a nonmilitary anti-gambling program have contributed to her problems. And while she's not sure that banning gambling at all overseas bases is the answer — "Is that fair to the people who do not have an addiction?" — she

believes that her own problems would be solved if slots weren't so easily available. "I wish there was a quick way to stop gambling," she said.

APPLICATION FOR VVA MEMBERSHIP

(Return to: Vietnam Veterans of America San Jacinto Chapter No. 343, P.O. Box 280358, Houston, Texas 77228-0358)

Name _____ Sex _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Chapter No. 343

Home Phone () _____ Work Phone () _____ E-mail _____

Type: ____ Individual member – 1 year @ \$20 ____ Individual member – 3 years @ \$50
Life member: ____ \$225 (ages 50-55) ____ \$200 (ages 56-60) ____ \$175 (ages 61-65)
____ \$150 (ages 66+) ____ Optional Life member time payment plan - \$50 down, \$25/month

____ Incarcerated Veterans (IVI) \$0: TDCJ # _____ or ____ Incarcerated Veteran Associate (IVA) \$7: TDCJ # _____
____ Associate member – 1 year @ \$20

Payment Method: ____ Check ____ Money Order ____ Credit Card (Visa, Master Card, American Express, Discover)

Credit Card Number _____ **Exp. Date** _____

Signature _____

Eligibility: Membership is open to U.S. armed forces veterans who served on active duty (for other than training purposes) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in any duty location between August 5, 1964 and May 7, 1975.

New members and new life members must submit a copy of their DD-214 along with this application and dues payment.

"SUPPORT OUR TROOPS"